

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016125  
STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 317

Primary Registration District No. 644

Registrar's No. 974

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Kirkwood</u> <u>4773</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>206 New York</u>		Length of stay in lb <u>41 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>206 New York</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>## LUTICA</u> <u>MCCLURE</u>			4. DATE OF DEATH Month Day Year <u>4</u> <u>7</u> <u>1959</u>		
5. SEX <u>Female</u> <u>3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6/7/1877</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Morganfield, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Daniel Garrett</u>		13b. MOTHER'S MAIDEN NAME <u>Annie</u>		14. NAME OF HUSBAND OR WIFE <u>Elias McClure</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Annie Alexander</u> <u>206 New York</u>		
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Congestive Heart Failure</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>5 years (?)</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>March 3, 1959</u> to <u>April 7, 1959</u> and last saw her alive on <u>April 7, 1959</u> Death occurred at <u>12:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>D. Frank J. Gates</u> <u>D.O.</u>		22b. ADDRESS <u>1916a S. Broadway, St. Louis 4,</u>		22c. DATE SIGNED <u>4/8/59</u>	
23a. BURIAL OR CREMATION (Remove if cremated) <u>Removal</u>	23b. DATE <u>4/10/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cemetery St. Louis County, Mo.</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS <u>Charles J. Gates</u> <u>4107 Finney</u>		25. DATE RECD. BY LOCAL REG. <u>4-10-59</u> REGISTRAR'S SIGNATURE <u>John C. Murphy, MD</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Gunston Swan* .....

Licensed Embalmer No. ....4580....

P. O. Address ....4107 Finney....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.